Dear Stakeholders:

If you have comments on this regulatory proposal, please submit them in writing by Friday, April 5, 2013 by e-mail to laurie.schoder@state.co.us or by fax to 303-753-6214. If you have questions, please call Laurie Schoder at 303-692-2832. Changes are highlighted in vellow.

- 1 STANDARDS FOR HOSPITALS AND HEALTH FACILITIES 2 **CHAPTER XX - AMBULATORY SURGICAL CENTER** 3 6 CCR 1011-1 Chap 20 4 **SECTION 1 - STATUTORY AUTHORITY AND APPLICABILITY** 5 A. The statutory authority for the promulgation of these rules is set forth in section 25-1.5-103 and 25-3-6 101, et seg., C.R.S. 7 B. An ambulatory surgical center, as defined herein, shall comply with all applicable federal and state 8 statutes and regulations, including, but not limited to, the following: 9 1. This Chapter XX. 10 2. 6 CCR, 1011-1, Chapter II, General Licensure Standards, unless otherwise modified herein. 11 C. These regulations incorporate by reference (as indicated within) materials originally published 12 elsewhere. Such incorporation does not include later amendments to or editions of the referenced 13 material. The Department of Public Health and Environment maintains copies of the complete text 14 of the incorporated materials for public inspection during regular business hours, and shall 15 provide certified copies of the incorporated material at cost upon request. Information regarding 16 how the incorporated material may be obtained or examined is available from: 17 **Division Director** 18 Health Facilities and Emergency Medical Services Division 19 Colorado Department of Public Health and Environment 20 4300 Cherry Creek Drive South 21 Denver, CO 80246 22 Phone: 303-692-2800 23 Copies of the incorporated materials have been provided to the State Publications Depository and 24 Distribution Center, and are available for interlibrary loan. Any incorporated material may be 25 examined at any state publications depository library. 26 **SECTION 2 - DEFINITIONS** 27 28 D. "Plan Review" means the review by the Department, or its designee, of new construction or 29
 - remodeling plans to ensure compliance by the facility with the applicable version of the National

1 2 3 4 5 6	Fire Protection Association (NFPA) Life Safety Code indicated in Section 24 of this Chapter and with this Chapter XX generally. The versions of the NFPA Life Safety Code referred to in this Chapter are incorporated by reference in accordance with Section 1.C of this rule. Plan review consists of the examination of new construction or remodeling plans and onsite inspections, where warranted. In reference to the National Fire Protection Association requirements, the Department is the authority having jurisdiction for state licensure.
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8	SECTION 14 - SURGICAL SERVICES
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10 11 12 13	D. <u>Doorways and Corridors</u> : The-minimum width of doors for patients and equipment shall be 3 feet. Doors to accommodate stretchers shall be at least 3 feet, 8 inches wide. The minimum width of corridors serving surgery suites and recovery and patient preparation areas must be at least 8 feet.
14 15 16 17 18 19	G. RESERVED Medical Gases and Medical Gas Systems: A supply of oxygen shall be available and stored in accordance with the NFPA 99 Standard for Health Care Facilities (1999), Chapter 4, Gas and Vacuum Systems. Piped medical gas systems shall meet the requirements of the NFPA 99 Standard for Health Care Facilities (1999), Chapter 4, Gas and Vacuum Systems. The requirements of the NFPA are incorporated by reference in accordance with Section 1.C of this rule.
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21 22	P. RESERVED Anesthetizing Locations: Anesthetizing locations shall meet the requirements of the NFPA 99 Standard for Health Care Facilities (1999), Chapter 3, Electrical Systems.
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24	SECTION 24 - BUILDING AND FIRE SAFETY COMPLIANCE WITH FGI GUIDELINES
25 26	A. Facilities shall be compliant with the following National Fire Protection Association (NFPA) 101 Life Safety Code requirements:
27 28 29	 Facilities licensed on or after October 1, 2003 or portions of facilities that undergo remodeling shall meet NFPA 101, Life Safety Code (2000), Chapter 20, New Ambulatory Health Care Occupancies.
30 31	2. Facilities licensed on or before September 30, 2003 shall meet NFPA 101, Life Safety Code (2000), Chapter 21, Existing Ambulatory Health Care Occupancies.
32 33 34 35 36 37 38 39 40 41 42	3. Facilities licensed on or before April 29, 1994 shall meet either Section 24 A.2 above or NFPA 101 Life Safety Code (1981), Section 12-6 "New Ambulatory Health Care Centers." The facility may meet the NFPA 101 Life Safety Code (1981) if such facilities were lawfully constructed and in compliance with the regulations at the time of initial licensure and found to be in continuing compliance during any subsequent inspections, they may continue to utilize existing, approved life safety systems provided that they present no hazard to life, health, or property and that there are no changes in the scope of services and utilization patterns in the ambulatory surgical center. The ambulatory surgical center shall, in the event of any renovation to the facility of 25 percent or greater of the total interior of the physical plant on or after April 30, 1994 comply with the requirements established in Section 24,A.1 above.

1 2	B. Facilities licensed on or after April 30, 1994 shall also be compliant with NFPA 99 Standard for Health Care Facilities (1999), Chapter 13, "Other" Health Care Occupancies.
3 4 5	C. Ambulatory surgical centers shall also demonstrate compliance with all other building and fire safety requirements of local governments and other state agencies, including but not limited to structural, mechanical, plumbing, and electrical requirements.
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	D. The publication "Guidelines for Construction and Equipment of Hospitals and Medical Facilities, 1992-1993" from the American Institute of Architects and the U.S. Department of Health and Human Services may be used by the Department in resolving building and fire safety issues that relate to the services provided or systems installed on or before February 29, 2008 and are necessary to protect patient health, safety, and welfare. On or after March 1, 2008, the American Institute of Architects "Guidelines for Design and Construction for Health Care Facilities," (2006 Edition) may be used by the Department in resolving building and fire safety issues that relate to the services provided or systems installed on or after March 1, 2008, and are necessary to protect patient health, safety, and welfare. THE DEPARTMENT SHALL RELY ON THE GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES, (2010 EDITION), FACILITIES GUIDELINES INSTITUTE (FGI) IN RESOLVING PHYSICAL PLANT HEALTH AND SAFETY ISSUES FOR CONSTRUCTION INITIATED OR SYSTEMS INSTALLED ON OR AFTER JULY 1, 2013. THE GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES, (2010 EDITION), FACILITIES GUIDELINES INSTITUTE (FGI) IS HEREBY INCORPORATED BY REFERENCE AND DOES NOT INCLUDE ANY LATER AMENDMENTS TO OR EDITIONS OF THE GUIDELINES.
22 23 24 25 26	B. PLAN REVIEW AND PLAN REVIEW FEE. Fees shall be submitted to the Department as specified below. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.
27 28 29 30	1. Initial license (when such initial licensure is not a change of ownership). A license applicant shall submit with construction plans a nonrefundable fee of: \$2,500 for facilities with two or less operating and/or procedure rooms and \$5,000 for facilities with three or more operating and/or procedure rooms.
31 32 33 34 35 36 37 38	2. Remodeling. Plan review for remodeling is applicable to significant modifications where construction is initiated on or after July 1, 2008 or if a permit is required where the permit from the local authority having jurisdiction is dated on or after July 1, 2008. Significant modifications include: new construction; relocation of walls of any operating or procedure room; addition of one or more operating or procedure rooms; changes to the fire alarm system that involve the replacement of the main fire alarm control unit (panel); and modifications to the medical gas system that affects 50% or more of the facility. A facility shall submit the following nonrefundable fees upon submission of plans:
39	A. Desk review only: \$500
40 41 42 43	B. Desk and ensite review: \$1,500 for review of up to two procedure or operating rooms. Significant modifications that impact more than two procedure or operating rooms are subject to an additional fee of \$250 per additional procedure or operating room.

1	3. Replacement Building or New Location. A facility shall submit a nonrefundable fee of \$3,100
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)	for facilities with two or less operating or procedure rooms and \$5,600 for facilities with
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3	three or more operating or procedure rooms.
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